

IDENTIFY RETHINK



By John Buck

It is clear that the development of new services is restricted only by our inability to imagine, identify, and rethink our markets, our customers, and their needs. For non-profits, the constraint of incorporating non-related business activities will play an important role in defining and providing new private duty services. However, the possibilities and opportunities to provide a variety of home care services are all around us. All we have to do is *imagine, identify and rethink*.

Traditionally, home care focuses on the recipient of service, with the family as a secondary concern. What if we turned that emphasis around and made the needs, wants and desires of the family or primary care giver our primary focus? What if we looked at different kinds of home care settings such as those of families with children, and singles with busy lives? In other words, what types of care settings have been overlooked as a source of private duty services unless there is a crisis or need for medical intervention? The types of homes in which unmet needs might exist are as broad as the imagination.

Start the rethinking process with the obvious questions: "Who is the client?"; "What does the client need?"; and "What value will my service bring to the client?" The answer to these questions helps us gain insight into providing a broader array of private duty services. Another question whose answer can expand the possibilities of the assortment of services we can offer is "What are the dynamics in a home today?"

Answers to these questions are as imaginative as you allow yourself to think. If you let your mind probe the "what ifs", you will soon see a whole new world of service opportunities that have great value to all kinds of people, not just the ill, sick and dying, but to those individual caregivers whose personal time has been curtailed due to the demands of attending to an ailing loved one. Put simply, expanding the possibilities depends on our ability to rethink our customer base.

Let's look at some different and possibly new prospects for our basket of services. The root of home care in the United States is care for families with children. Families come in all shapes and sizes, but they all have the same responsibility - to build a loving and nurturing environment where every member can feel safe and secure. Today's families face more demands than

ever before. According to the U.S. Census Bureau, the article "Who's Minding the Kids?", (Spring 1999), 15.8% of all grade school child care arrangements are self-care and 26.7% have no regular arrangements. The Children's Defense Fund article, "Key Facts About American Children", (August 2004¹) states:

- 3 in 5 preschoolers' mothers are in the workforce;
- 1 in 2 children live with a single parent sometime in their life;
- 65% of all mothers in the labor force have children under age 6²; and
- Nearly 7 million children are home alone after school³.

Two working parents and an overabundance of children's activities can strain a family's time and energy even without the existence of medical problems in the household. Couple this with the absence of one parent because of hospitalization, illness, injury or work demands, and additional stressors are put on the family unit. Thus, service to families must be designed to meet their unique needs and to:

- Help strengthen the family unit and provide emotional support;
- Enable the family to remain intact in their own home;
- Provide a positive presence for children; and
- Bring about peace of mind knowing a responsible care giver is in the home.

Here are just some of the services you can offer:

- Dependable child care in the home – Who said day care has to be a facility based service?;
- Sick child care at home – What better way to help a family or a single working parent then for them to know that their sick child is being cared for in the comfort and safety of their home?;

¹ <http://www.childrensdefense.org/earlychildhood/childcare/basics.aspx>

² A. Bachu and M. O'Connell (September 2000), *Fertility of American Women (Current Population Reports P20-526)*. Washington, DC: U.S. Census Bureau.

³ H. Snyder and M. Sickmund (1999), *Juvenile Offenders and Victims: 1999 National Report*. Washington, DC: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Programs.

Babysitting – Leaving your child with someone who is accountable is reassuring for parents;
Before and after school care in the home – Who said that schools and day-care centers are the best places to care for children?;
Pre and post delivery mother and baby care – This can make a great gift for a new mother;
Housekeeping – Why not?; and
Running errands – Provides more time to spend with the family on the weekends.

Regardless of age, people face stress brought on by work, illness, and the demands of raising a family or other personal problems. These situations can lead to a number of health and social problems such as absenteeism, depression, isolation, and high blood pressure. Our hectic lives leave little time for us to be concerned about our own health and well-being, until something serious happens. Helping people manage the complexities of life and its demands by linking them with appropriate community services, gives them peace of mind and a chance at a healthier life.

You can provide health and community resource information to help people manage their health through increased knowledge and access to resources, as well as to link community services that help them cope with home, personal and family needs.

Why not offer the following in your menu of private duty services to your community:

Health education and screening, such as monitoring blood pressure, information on managing a restricted diet, and on the benefits of maintaining a healthy lifestyle. Education has been proven to be a valuable, economic way to help people manage their health;
Errands and housekeeping for busy singles; and
Referral service to help people manage their busy lives, relieve the stress of time constraints, and help them cope with the demands of work and family life.

In a recent home care marketing study done by McLaughlin & Associates (2005), participants were asked, "Which one or two services would be important to you or a loved one?" Not surprisingly, nursing care was identified as the most important, but interestingly running errands was the second most important service. Listening to the consumer and understanding that the problems attributed to a lack of time or inability to go shopping, presents an opportunity to meet an essential need through a shopping service.

Expanding the scope of this expressed need to include errands, opens the market to a wider set of potential customers, including young single or couples, and makes these services more viable. For these people, this can include taking the car in for repair, dropping off and picking up dry cleaning, and performing other errands that can be done during the week rather than on weekends. Take your ideas even further, and develop a personal shopper concept. Ask yourself, "How can we improve the customer's

While most of the conventional private duty care is built around chronic illness conditions, many chronic illnesses when not treated and monitored can lead to life threatening consequences.

quality of life?"

While most of the conventional private duty care is built around chronic illness conditions, many chronic illnesses when not treated and monitored can lead to life threatening consequences. Considering current users of home care and identifying additional services that are needed, but not available as part of your service offerings, is another way to start expanding your services. Identifying a need, finding the value, locating the customer and unlocking your creativity are all that is necessary.

For example, older people with diabetes are diagnosed, educated, and sent home with a treatment plan, and the health care system thinks it has done its job. But what are the chances of success with this model? Ask yourself, "What support can we put in place to help the individual and family increase compliance and remain healthier longer?"

⁴ American Diabetes Association, <http://www.diabetes.org/diabetes-statistics.jsp>

Look at it this way. The American Diabetes Association⁴ reported on its website that:

- 18% of Americans 65 years of age and older have diabetes;
- Cardio-vascular disease is 2-4 times higher among persons with diabetes;
- The risk of stroke is 2-4 times higher and causes 65% of deaths among persons with diabetes;
- People with diabetes are roughly three times more likely to die of the complications from the flu;
- The annual direct medical costs of the disease in the United States are \$93 billion; and
- The mean length of stay for hospitalization due to diabetes was 5.4 days in 1997.


It is well established that education and life style changes can greatly improve the quality of life and life expectancy of people with diabetes. Developing a disease state management program that includes long-term follow-up and reinforcement of education at home, and on-going support for the recipient and family to change their life style, will have a positive impact on their lives. Presenting your service to insurance payers as a way of savings for them to reduce medical costs and improve patient outcomes, can help open new sources of revenue. For example, think of the potential saving to the health care system if you can prevent one hospitalization or re-hospitalization for people with diabetes.

One way to proceed is to develop a plan that places a specially trained and supervised home care aide in the home to monitor, encourage and help clients with their diet, shopping, meal preparation, routine self-exams, and eating habits. This will both greatly improve the chances of success and expand your business. After all, we are in the business of helping people live healthier lives at home.

The concept of rethinking your customer and the customer's home care needs can be applied to also serving the needs that impact the individual's family life outside the home. Consider the process of caring for an elderly person which grows increasingly more difficult – both physically and mentally. Helping people cope with the obligations and complexities of caring for someone, the demands of work, and the management of the stress of these life events, has real value to them and their employer.

⁵ The National Alliance for Caregiving and AARP's joint survey, *Family Caregiving in the U.S.: Findings From a National Survey*, found that 25% of all workers provide elder care.⁵ In 1997, Families and Work Institute, New York, NY presented the *National Study of the Changing Workforce*, which found that just over half of all caregivers for persons aged 50+ are employed full-time, and almost two-thirds are employed either full- or part-time.⁶ In *Informal Caregiving: Compassion in Action*, the Department of Health and Human Services, Washington, DC, announced that among working caregivers caring for a family and friend aged 65+, two-thirds report having to rearrange their work schedule, decrease work hours or take an unpaid leave in order to meet their caregiving responsibilities.⁷ These are startling facts that identify a need and opportunity home care can address.

Obtaining and keeping good employees is difficult in today's business environment. So our agency developed a "Healthy Workforce Program" that provides health and community resource information. Confidential assistance of a nurse or social worker is provided to employees of companies to help them manage their health through better knowledge and access to health resources. For the cost of engaging our services, the company can expect to reduce health cost by averting unnecessary utilization, as well as other cost factors such as securing improved employee relations, better attendance, and more productivity, thereby enhancing their ability to do more with less. Likewise, helping employees manage the complexities of family and work life and its demands by offering them appropriate community services, gives them peace of mind and improves their lives.

Just remember that expanding your fee for services is based on your ability to imagine new service opportunities, to identify expanded needs, and to rethink your market, customer base and services. 

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⁵ National Alliance for Caregiving and AARP (June, 1997). *Family Caregiving in the U.S.: Findings From a National Survey*, National Alliance for Caregiving, Bethesda, MD and AARP, Washington, DC.

⁶ Bond, J. T., Galinsky, E. and Swanberg, J. E. (1998). *The 1997 National Study of the Changing Workforce*. Families and Work Institute, New York, NY.

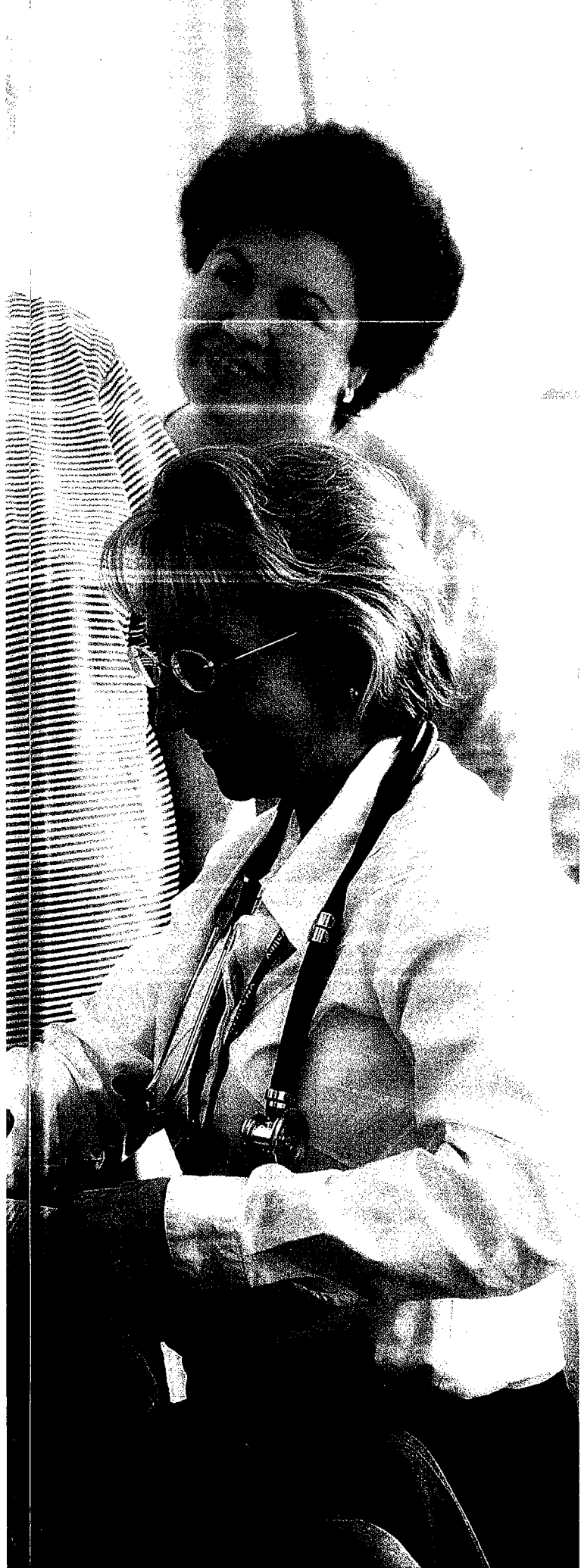
⁷ Health and Human Services (June, 1998). *Informal Caregiving: Compassion in Action*. Department of Health and Human Services, Washington, DC.

ADULT DAY SERVICES: ♥THE MISSING LINK IN HOME CARE

*Adult Day Services
(ADS) may be the
missing link in Home
Health. Both programs
focus on keeping
individuals in their
homes and communities
for as long as possible.*

Continued on next page

By Judith A. Bellome
and Sherry Cummings



*By 2030,
there will be about* **77 MILLION** *older
persons, more than twice the number in the year 2000.*

Similarly, informal caregivers perform a major role with professionals that monitor the care of the aging and disabled. At this time, the majority of adult day centers (78%) are operated by nonprofit organizations, and serve as a cost-effective program alternative to hospitals and nursing homes.

The similarity continues beyond client profiles to reimbursement struggles. Benevolent organizations and providers historically set up programs in church basements and store fronts. Medicaid, private pay and grant dollars pay for the majority of ADS care at this time. The average cost of care nationally for ADS is \$56/day for eight hours of care.

ADULT DAY SERVICES INDUSTRY PROFILE

A National Study of Adult Day Services Key Findings Study was published in 2002 by Partners in Caregiving: Wake Forest University School of Medicine, funded by The Robert Wood Johnson Foundation. The study was conducted by Partners in Caregiving: The Adult Day Services Program, Wake Forest University School of Medicine, PMD Advisory Services, LLC, Seniors Research Group Market Strategies, Inc. This was the first study of its kind, and was funded "to determine the state of the field to assess the scope and adequacy of adult day services in the United States."

The findings revealed that 37% of the adult day centers are social models, with 21% being medical models, and 42% a combination of both. Social models often provide dementia specific activities and support, while medical models can provide skilled health care and outpatient rehabilitation services. The majority of centers are open five days a week from 8-9.5 hours. The average center enrollment is 42, with daily attendance of about 25. Many attendees participate on a part-time or half day program. Services provided vary, but can include therapy activities, personal assistance, meals, social services, intergenerational programming, medication management, transportation, nursing services and caregiver support groups (Figure 1).

Some centers offer overnight care and even hospice support. The age of participants range from 18-109 in the national study, with an average age of 72. Participant profiles demonstrate that long term care conditions without ADS, could force clients into nursing homes (Figure 2).

Most ADS participants require assistance with toileting and often need help ambulating and eating (Figure 3). Thirty five percent of ADS participants live with adult children (Figure 4). The average length of stay at an adult day center is two to eight years. The complete study is available online at the National Adult Day Services Association website (www.nadsa.org) then "click" on National Study for Adult Day Services.

TRENDS IN CAREGIVING

Based on many common characteristics, a Home Health and Adult Day Services partnership will form the ideal liaison for long term care in any community. The trends in care giving reflect an even greater opportunity for collaboration given the growth of the aging population, the increase of adult caregivers, more women entering the workforce, decreasing family size, increasing geographic mobility and escalating rates of divorce/remarriage.

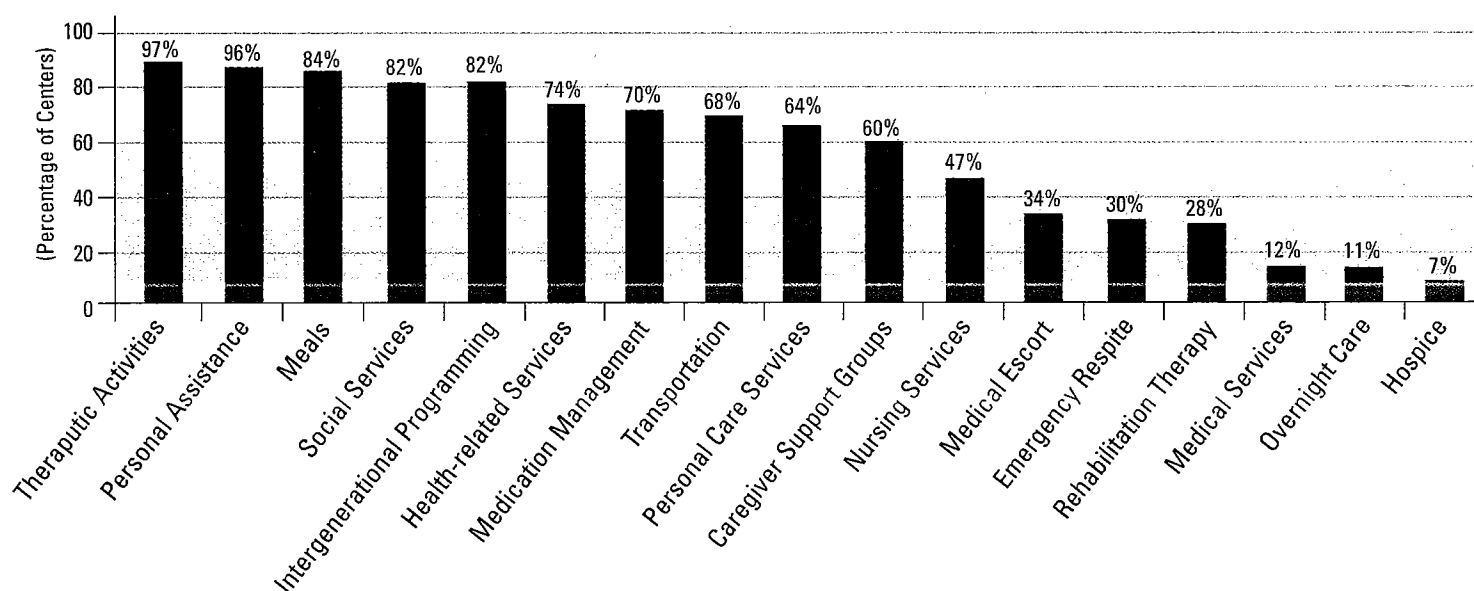
Studies have shown that one in four households in the United States (22.4 million) provide care to a relative or friend over 50. We also know that 72% of the caregivers are female. The average age of a female caregiver is 57, but one third is 65 or older. By 2030, there will be about 77 million older persons, more than twice the number in the year 2000. All community-based health care providers will be forced to look for new ways to serve clients and families.

PARTNERING HOME HEALTH AND ADULT DAY SERVICES

Partnership between the two industries makes sense, considering the new provisions for "homebound" from Centers for Medicare & Medicaid Services (CMS), allowing home health clients to attend adult day centers throughout an episode of care. In addition, CMS will be publishing a Request for Proposal (RFP) in the Federal Registry this summer for a Demonstration Project for Medical Adult Day-Care Services in five sites for three years. This program will reimburse for services received by a home health client enrolled in an adult day center.

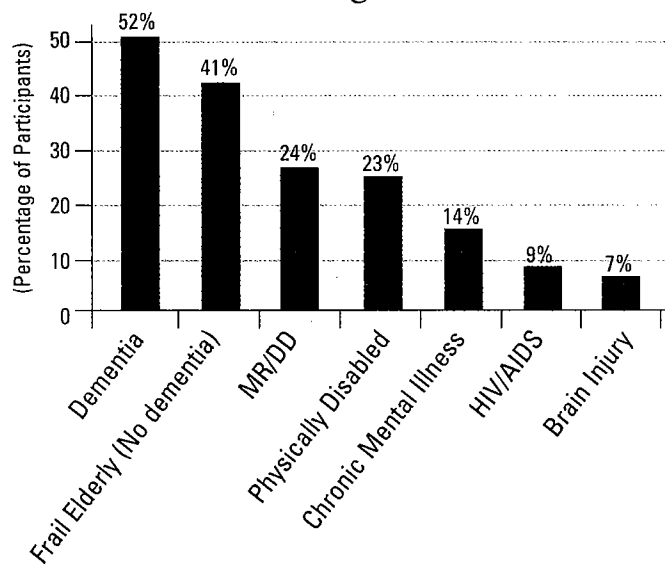
Legislative language (Section 703 of the Medicare Prescription Drug, Improvement and Modernization Act of

Adult Day Center Services — Services Provided - % of Centers FIGURE: 1



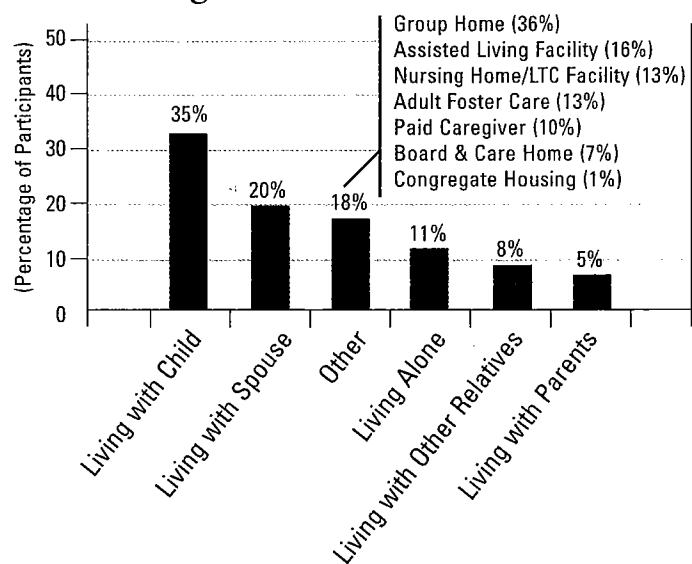
Adult Day Center Participant Profile

— Condition/Diagnosis FIGURE: 2

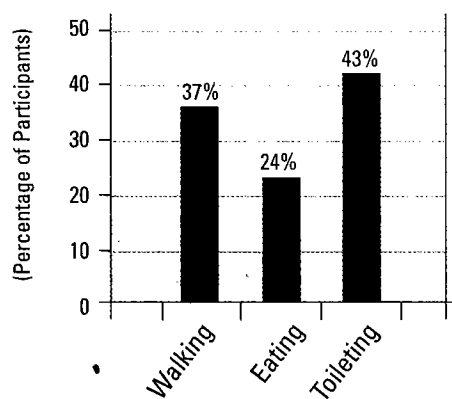


Adult Day Center Participant Profile

— Living Situations FIGURE: 3



Adult Day Center Participant Profile — Activities of Daily Living- % Needing FIGURE: 4



Source: *National Study of Adult Day Services Key Finding Study*, 2002; Partners in Caregiving: Wake Forest University School of Medicine.

2003, MMA), indicates that selected home health agencies will be permitted to directly, or under arrangements with a medical adult day-care facility, provide medical adult day-care services as a substitute for a portion of home health services that would otherwise be provided in the beneficiary's home. An evaluation report will be provided not later than 6 months after completion of the project. CMS will analyze the patient outcomes and costs of furnishing care to those beneficiaries participating in the project. There will be a comparison to such outcomes and costs to beneficiaries, who only received home health services for the same health conditions. Recommendations will be provided based upon the findings regarding extending, expanding, or terminating the project.

much of the accreditation efforts on performance measurement and quality improvement. CMS has implemented standardized patient status information collection, Outcomes Assessment and Information Set (OASIS), for a systematic approach to measuring quality of care. Home health agencies with Medicare or Medicaid programs evaluate quality of care using the Outcomes-Based Quality Improvement (OBQI) process and OASIS outcome data.

CMS publishes home health quality measures on their website for all Medicare-certified home health agencies in the United States. These efforts have served to emphasize quality performance measurement, and provide benchmarking standards for quality improvement. The emphasis on

In many locations where **THE CONSUMER** *HAS SEVERAL CHOICES* *of home health agencies, home health organizations utilize positive quality outcomes in successful marketing strategies.*

The National Association for Homecare and Hospice (NAHC) established an Adult Day Services Task Force in 1990. This group includes NAHC members that represent existing member organizations offering home health and adult day services in their service areas. Joint publications, workshops and conferences sponsored by this group, have helped to educate both health care professionals and community members. Lobbying efforts by these combined industry groups could increase legislative clout on national and state levels to positively impact services provided by both organizations.

The Adult Day Services Task Force has been discussing the need for national benchmarking standards for the Adult Day Services industry. How an ADS approaches quality measurements might provide a more favorable position when working with home healthcare agencies and gaining consumer trust.

EMPHASIS ON QUALITY AND OUTCOMES

The Home Healthcare industry has a long history of emphasizing quality and outcome measurements. Accrediting organizations, such as Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and Community Health Accreditation Program (CHAP), focus

quality also encourages consumer education and awareness. In many locations where the consumer has several choices of home health agencies, home health organizations utilize positive quality outcomes in successful marketing strategies.

In contrast to Home Health's national emphasis on quality and outcomes, the Adult Day Services industry does not have national quality measures available to benchmark. There have been a few isolated studies; however, no study has attempted to establish national quality benchmarks. In 1997, the National Adult Day Services Association (NADSA) and Commission on Accreditation of Rehabilitation Facilities (CARF) began to work together to establish and maintain an accreditation process for adult day services.

The first set of accreditation standards rolled out in November, 1999; standards were revised in 2002-2003. CARF is a nonprofit, accreditation association founded in 1966, that services the United States, Canada and Western Europe. According to the NADSA website article by Chris MacDonell, Managing Director CARF-CCAC, *What's Up with Accreditation?* "Accreditation has not been a tool that providers have easily accepted nor recognized as a valuable tool to assist them in the business of Adult Day Services." The article reports that there are 92 sites accredited in 23 states. The top reasons given to NADSA as to why

organizations do not seek accreditation are the costs, the perception that the organization is "too small," that no one asking if the ADS is accredited, and the time needed to prepare for accreditation.

NATIONAL ADULT DAY SERVICES STUDY

Adult Day Services Task Force members, Judy Bellome and Sherry Cummings, took up the challenge to develop a national quality measurement study for Adult Day Services. The goal was to build a baseline of quality indicators to encourage national comparison. This study is regarded as the first phase, setting the stage, in the process of building national quality indicators for the adult day services/day care organizations.

Phase two will examine feedback from the study participants, and to select indicators that will take the study to the next level in outcomes measurement. The phase one study, *Setting the Stage for Benchmarking Performance Management in Adult Day Services*, is scheduled to be presented at the October 2005 NAHC Annual Meeting. This workshop will explore benefits of performance management measures in Adult Day Services/Care, examine findings from ADS quality data study, and discuss the next phase for national benchmarking.

ETHICS AND ELDER CARE

Ethical decision-making is another dimension of assuring quality care, and is a key element of home health corporate compliance plans. Homecare workers and ADS center staffs have common experiences in home and center settings. As with homecare, the intimate nature of the ADS community can often cause moral dilemmas for staff. ADS clients frequently consider center staff as a part of their own family and the casual social setting makes it easy for clients to share personal concerns.

In the book, *Ethics in Community-Based Elder Care*, (Chapter 14, *Adult Day Services: Ethics and Daily Life*), author Pat Stacy Cohen describes typical scenarios that ADS centers have experienced over the years, and acknowledges, "It is not easy for staff to keep a balance between client wishes, family needs, and what seems to be the right thing to do." The chapter describes that the "team approach" to serving clients often overlaps duties. "Administrators and staff in adult day service wear a number of hats. They are case managers, friends, helpers, confidantes, advocates, adversaries, professionals, and members of the family, all in one day. These various roles and the staffing structure in an adult day

service center, can create a number of moral dilemmas or conflicts during the course of providing service, sometimes without even realizing it.

For example, does speaking the truth as a friend run counter to the advice a 'professional' would give?" There are times that staff may not agree with the decisions of the family or primary caregiver. How can staff honor something told in confidence by a client, when the family may need to know the information?

Homecare and ADS staff encounter a variety of challenges when caring for a diverse community, and interacting with clients families. What can help staff better anticipate and address ethical dilemmas? Staff awareness and education on ethical issues is a good place to start. The Center for Practical Bioethics in Kansas City, Missouri is an excellent resource for case review and inquiry. This organization has a national reputation for professional and community education regarding bioethical concerns. They can be reached at 800-344-3829 or via email at bioethic@mid-bio.org. The website is www.midbio.org.



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LOOKING TOWARDS THE FUTURE

What does the future hold for adult day services in the continuum of care for elderly adults? Challenges include the growing need for more ADS Centers. According to the National Study on Adult Day Services (2001-2002), there is a shortfall in access to adult day services; the study found that there are less than half the estimated day centers needed nationally. Paralleling the need for more ADS centers is the challenge to obtain adequate funding and improve financial performance.

In many parts of the country, homecare and adult day services will continue to see challenges in recruiting and retaining qualified staff. One of "tomorrow's emerging issues" identified in a study of ADS groups in California, Adult Day Services, (Revised December 2002), is the caregiver issue. The issue is noted as one of the greatest concerns for the future, and also includes the caregiver shortage, caregiver training, and need for caregiver recognition.

A clear opportunity is the Medicare Demonstration Project for Medical Adult Day-Care Services. Positive study findings will most certainly expand the ADS role by partnering with home health agencies. This project will also validate the status of ADS. "Social stigma has been shown to play a

role in hampering advancement of these services, with many people subscribing to the myth that adult day services simply amount to babysitting services" (*National Study on Adult Day Services*). In the California Adult Day Services report, another top emerging issue and obstacle was the identified lack of awareness and confusion about the value of adult day services. One of the study's recommendations was to do an awareness raising and education campaign that conveys the message of the purpose and value of adult day services for care recipients, and for family members. The campaign is a response to the almost universal opinion that "people do not know why adult day services are important and where adult day services are located."

Success in the ADS industry will encourage more business growth in the Home Health industry. Their similar goals for helping clients remain in homes and the community as long as possible, assist in developing collaborative efforts. The different care scenarios balance each other in the quality of life goals for clients. Linking up home care with adult day services will be beneficial for both businesses.

Update: Since this article was written, CMS has announced a demonstration (authorized by the Medicare Prescription Drug, Improvement, and Modernization Act of 2003, or MMA) for "Adult Day Care Services" under the Medicare home health benefit. This three-year demonstration project can include up to five participating locations or "sites" and 15,000 beneficiaries at a time. For details on that recent news and links to further information, please refer to the June 28, 2005, NAHC Report, e-Issue #309. *See*

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ONE-STOP SHOP

THE HOUSEWORKS EXPERIENCE: REDEFINING INNOVATIONS

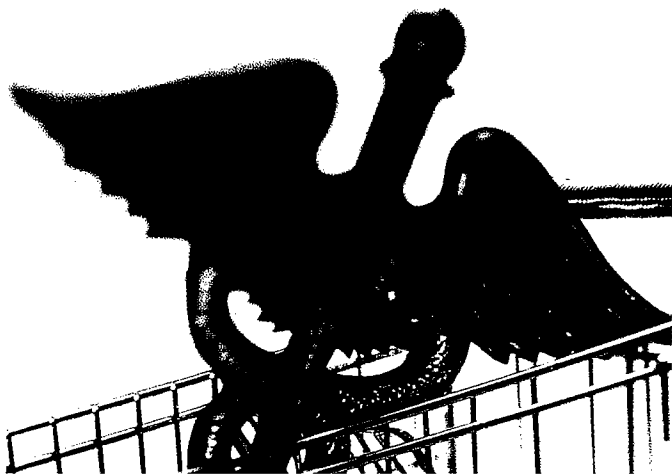
IN PRIVATE-PAY HOME CARE



For more than thirty years, forward-looking gerontologists and entrepreneurs have realized the potential market for private-pay home care services and have proposed creative approaches to meeting the projected demand. Innovative ventures ranging from “life care at home” to “virtual retirement communities” have been launched throughout the country in an attempt to meet a growing need while responding to an unprecedented business opportunity. While these ventures reflect intriguing ideas, the story of an unconventional private-pay home care company in Greater Boston suggests that innovation and creativity are most needed to transform the fundamentals of private-pay service delivery: responsiveness, reliability, customer service, and sales. *Continued on next page*

by ANDREA COHEN

RESPONSIVENESS, RELIABILITY,



Now a multi-million-dollar home care company, HouseWorks began as a non-profit home repair and adaptation program for seniors, operating as an affiliate of an Area Agency on Aging. In 1999, HouseWorks was purchased by Solomont-Bailis Ventures, a proprietary firm dedicated to launching new and innovative health and eldercare ventures. Within two years, HouseWorks had added a home care division as well as escorted transportation, house cleaning, and other convenience services. The goal, in the early years, was to provide “one-stop shopping,” making it easy for customers to access a complete array of services that support independent living. One-stop shopping and exceptional customer service were expected to be the keys to success in the private-pay eldercare market.

Today, HouseWorks’ emphasis on customer service continues to drive every business decision, but the company has de-emphasized “one-stop shopping” as a guiding principal. While HouseWorks does offer a broader array of services than any private-pay home care company in the Boston area – with handyman, adaptation, heavy chore, and relocation services generating 40% of total revenue —the company’s growth goals are focused on building the core home care business. Operating experience and an evidence-based, entrepreneurial approach led directly to this shift in business strategy.

Like most private-pay providers, HouseWorks knows that the primary customer, from the sales perspective, is the adult child. In most instances, the adult child makes the initial inquiry, arranges for services, and pays the bill. Meeting the care recipient’s needs and gaining his or her trust is obviously crucial, but the purchasing decision typically rests with the family. While HouseWorks recognized this reality from the start, its business implications took time to discover.

In light of the well-known fact that most people want to stay in their own homes as they grow old, it was reasonable to expect a strong market for a full range of services that help seniors maintain their independence. However, HouseWorks’ operating experience showed that relatively few customers – whether seniors or adult children – will call a private-pay elder service agency when the need for assistance is relatively minor. Rather, the typical inquiry comes when the senior’s ability to continue living at home is in imminent jeopardy.

Often the call comes when a parent has suffered a disabling fall or illness, and cannot return home from the hospital or rehab facility without home care services in place. Other times, the adult child contacts HouseWorks after a long period of denial, when a turn of events forces the family to recognize the extent of the senior’s impairment. In almost every instance, the customer is under great stress, and the problem to be solved is complicated. At HouseWorks’ we know first-hand how the callers feel.

Like so many eldercare professionals, I experienced a rude awakening when my own mother fell ill. My advanced degree, stature as an eldercare expert, success helping colleagues in similar circumstances – none of these accomplishments spared me from the fear and frustration so familiar to adult children of disabled elderly parents. When I called agencies for help, I’d often say I was the head of an eldercare company in Boston, just to empower myself. It was a real eye-opener to discover how desperate I felt when I made these calls, and how much I resented the assumption that I didn’t know what my mother needed.

Telling customers what they can and cannot have rather than responding to what they want, is hardly an entrepreneurial approach to building a business; still, this is often the norm in both the certified and private-pay home care industries. HouseWorks’ most fundamental innovation has been its entrepreneurial approach to customer relations and service delivery, including a commitment to providing customer-driven services that return a sense of control to adult children and their elderly parents. Accountability, flexibility, and responsiveness are the top priorities.

While conventional wisdom suggests that a small (“boutique”) company can offer the most responsive service, HouseWorks has found that high volume is critical to meeting its customer service standards as well as its financial goals. HouseWorks markets its capacity to respond quickly to every

CUSTOMER SERVICE, & SALES...

request and its readiness to handle the last-minute changes that are inevitable when providing home care for frail seniors. To be able to offer this level of service, a private-pay home care agency must employ a large, qualified pool of direct-care associates, giving managers a choice among highly qualified workers when responding to customer requests and unexpected developments. To attract and retain the best workers, private-pay providers must insure ample hours and a choice of assignments to all of its employees, a capacity that is only made possible by achieving high volume within a single service area.

Two unanticipated developments have helped generate the volume required to sustain the HouseWorks business model. First, demand for intensive services has been higher than anticipated, and continues to grow despite the high cost to the consumer. Second, demand for HouseWorks home care within assisted living and senior housing has exceeded expectations, with 25% of total revenue coming from customers living in these environments.

Over the past two years, the average number of service hours per customer has risen from 20 to 30 per week, with 23% of HouseWorks' home care customers receiving more than 40

hours of service per week. Average length of service has increased to 7.5 months and live-in revenue has risen by 52% over the last year. The combination of increasing inquiries, of increasing conversion of inquiries to sales, and of a steady rise in the average utilization per client has driven substantial improvement in financial performance.

The volume of business coming from residents of senior housing and assisted living environments has also been higher than expected, representing over 25% of HouseWorks' home care revenue. Moreover, senior housing residents comprise approximately half of the company's highest-spending customers. Typically, the high-spending customer in senior housing is purchasing round-the-clock care to avoid yet another move when his or her needs exceed the level of care the housing sponsor can provide. In order to capture this market, private-pay agencies must address the needs and concerns of the housing provider as well as the resident requesting services.

HouseWorks' decision to focus on the basics of providing reliable and responsive home care for frail seniors has clearly led to substantial increases in volume and revenue with

HouseWorks in 2004:

Home care revenue	Increased by 54%
Number of leads	Increased by 42%
Number of customers	Increased by 48%

Home Care Utilization Summary:

	2003	2004	Increase
Average hours per customer	20 per week	30 per week	50%
Customers receiving 20-40 hours service/wk	8%	13%	6%
Customers receiving 40+ hours service/wk	14%	23%	6%
Average live-in shifts per customer	4 per week	8 per week	50%
Average length of service per customer	5.5 months	7.5 months	26%

Home Care Utilization in Senior Housing (2004):

Service Triggers	Supplemental service most often followed a resident hospitalization
Service Type	Most required hands-on personal care (versus companions or homemakers)
Revenue	Accounted for 25% of total company revenue
	Per customer revenue increased by 46% from 2003
Facilities Served	Number of facilities increased by 25%
Length of Service	Average length of service increased 39% (from 18 to 25 weeks)

A BOOST FROM RE-BRANDING

concurrent improvement in quality as documented by customer satisfaction ratings, customer retention, and repeat business from a growing network of referral sources. While the one-stop shopping concept was innovative and exciting, HouseWorks found that its creative energies were more profitably spent addressing the constant challenges associated with delivering quality home care services.

Following the strategic decision to focus on growing the core home care business, an obvious question arose: if “one-stop shopping” were no longer the essence of the HouseWorks brand, what would differentiate the company in an increasingly competitive marketplace? After all, every private-pay home care company can be expected to promote a commitment to quality care and customer service. HouseWorks response was to create a new brand identity that would distinguish HouseWorks in a conservative, somewhat somber industry while reflecting the company’s leadership role and credibility as a national player in the industry.

Effective marketing materials should convey a company’s difference to its primary customers: overburdened adult children facing the frustrations and emotions that I remember so well from my own experience as a family caregiver. HouseWorks’ new brochure makes a direct connection with adult children, speaking to them as peers and selling the company’s attributes with a touch of humor – an approach that has generated enthusiastic response from prospective customers, and led to a substantial rise in inquiries.

From the start, HouseWorks has benefited from the guidance of co-founder Alan Solomont, an entrepreneur, philanthropist, and political activist with an outstanding record of achievement in the post-acute, nursing home, and assisted living industries. As founder and CEO of The A•D•S Group, Solomont helped build a broad and innovative network of eldercare services that reflected his commitment to doing well by doing good. Since the sale of A•D•S in 1996, Solomont has focused his eldercare interests on the development of home-based services. “It’s a paradigm shift,” Solomont says. “This is the future of how American families will cope with an aging population.”

HouseWorks Brochure Design: Polese Clancy

About the Author: *Andrea Cohen is co-founder and CEO of HouseWorks, a private-pay home care company based in Newton, Massachusetts. For the past 20 years, she has been at the forefront of eldercare business development, transforming the way private-pay services are marketed and delivered to seniors and their adult children. For more information visit www.house-works.com or e-mail acohen@sb-ventures.com*

Meeting the Community's Healthcare Needs...

One Agency's Experience

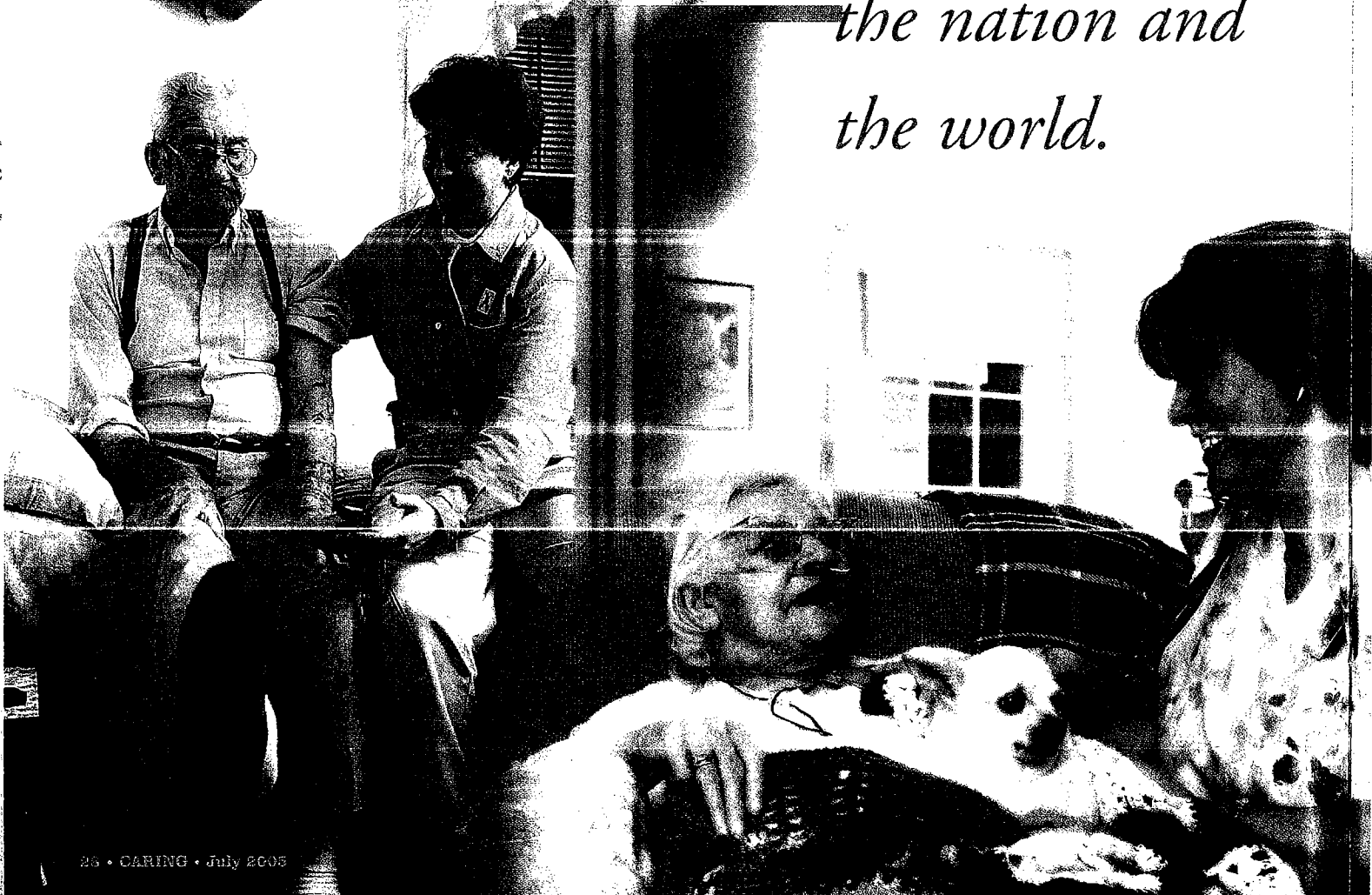
When Helen walked into Potomac Home Support in Rockville, Maryland, 13 years ago, she had just completed 75 hours of Home Care Aide training, and was looking forward to "helping people".

Continued on next page

By Barbara Greene



*R*ising health care use and spiraling costs have led to the need for changes in the services provided by home care agencies across the nation and the world.



One Agency's Experience

Potomac Home Support, a private pay agency affiliated with Sibley and Suburban Hospitals, has afforded her that opportunity and more.

At that time, Helen's duties as a Potomac home care aide were fairly cut, dry, and routinely standard throughout the fledgling area known as private pay home care services. Primarily, an aide's responsibilities were to assist the patients' with personal care, ADLs, laundry, meal preparation, and perform light housekeeping. Today, those responsibilities have grown substantially in order to meet the needs of Potomac's clients.

During the next several decades, demographics support that the number of people reaching age 65 will increase dramatically. Combined with the fact that hospitals are referring more clients for sub-acute services, the need for access to supportive home care is a daunting one. Rising health care use and spiraling costs have led to the need for changes in the services provided by home care agencies across the nation and the world. The financial constraints placed upon our population, our doctors, and our hospitals are demanding that the services provided by the growing number of agencies be as mercurial as the population they serve.

Since the time Helen joined Potomac as a home care aide, she has become a Certified Nursing Assistant. She is not only a caregiver, but also a supportive friend and patient advocate, very dedicated to the day-to-day health and well being of her clients.

In keeping with the demand for quality service, Potomac promotes specialization and continuing education within the paraprofessional ranks. We reward monetarily, those nursing assistants who have completed training in hospice care, Alzheimer's care, childcare, and care of the mentally and physically challenged. The "Mother's Helper"

program, wherein aides with a particular interest and training in child care, have the opportunity to help mothers care for their children, beginning in infancy, has achieved great success. Gift certificates are available to those looking for an unusual gift for the mother-to-be, the new mother needing a few hours of sleep, or the seasoned mom needing a break. In addition, Potomac has affiliated itself with a large company in the area whose employees can call on the agency for childcare needs at the last minute so they can go in to work.

To further enhance the traditional roles portrayed by nursing assistants, some private pay agencies, such as Potomac, have answered the demand for versatility in their care giving options. For an increased fee, pet care can be provided. Nursing assistants can serve to assist clients who are re-locating to another home in or out-of-state, by traveling with them and helping them pack and un-pack their personal belongings. Recreational rehabilitation needs can be met by aides who accompany their clients to swimming pools, sport complexes, and exercise classes, often joining in the activity themselves.

Many agencies provide "live-in" services where aides may serve as companions, or where they might perform a more traditional role, providing personal care, nutritional support, doing laundry and performing other household duties. Many agencies, such as Potomac, also provide escort services to take clients to appointments, do their shopping, and plan entertainment, all of which is invaluable to the elderly and impaired.

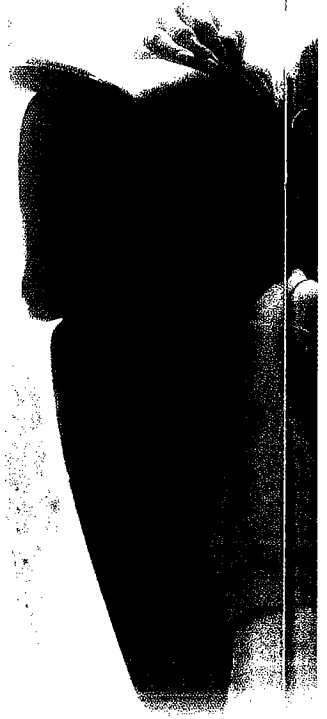
Potomac Home Support has secured contracts with nursing homes and assisted living facilities to help meet staffing needs within such facilities. In addition to nursing assistants, Potomac also has certified medicine aides at their disposal. In local hospitals, the agency's aides provide sitter services for families with a loved one who needs special attention. It also provides a core group of motivated, specially trained aides to assist in promoting the safety and well-being of the patient who may be a danger to himself or herself or to others.

Potomac has also provided "cluster care" services to facilities that have indicated a need for this particular service in its client population. Through this program, a specifically trained nursing assistant visits select clients to assist with



One Agency's Experience

Potomac is in the initial phase of establishing a "clinical ladder", whereby its nursing assistants would receive pay commensurate with their experience, education, and longevity with the company.



their personal care, laundry, or shopping. The aides, stay approximately an hour or two with each resident on any given day.

Under the auspices of the nurse practice act, Potomac has been able to utilize nursing students as certified nursing assistants, significantly increasing its pool of qualified caregivers. Often, the more educated employees are utilized along with seasoned ones, to act as mentors to new nursing assistants, "shadowing" them in the field for a specified time.

Potomac is in the initial phase of establishing a "clinical ladder", whereby its nursing assistants would receive pay commensurate with their experience, education, and longevity with the company. The employees are excited about yet another way they can be rewarded for their hard work.

For an additional fee, Potomac Home Support offers its clients the availability of a licensed social worker who will provide "concierge-like" services such as: interfacing with family members in and out of town regarding client concerns; assistance in finding and re-locating clients to another home; coordinating doctor's appointments; providing transportation; and, securing attorneys, accountants

and other professionals, as needed, for the client.


Through innovative ideas, home care agencies are expanding their menu of services to be able to meet almost every client's need. Some agencies are providing massage therapists for their clients, while others, using a more social model of delivering care, provide lawn and yard services. There are agencies that, for a fee, will provide interested clients with a "caregiver cam," and others who will rent to their clients, a talking medication reminder and dispenser.

However, the wave of the future in home care is in the use of technology. Tele-health, or the use of wireless, sensor networks, is just beginning to gain a foothold in the private duty health care community.

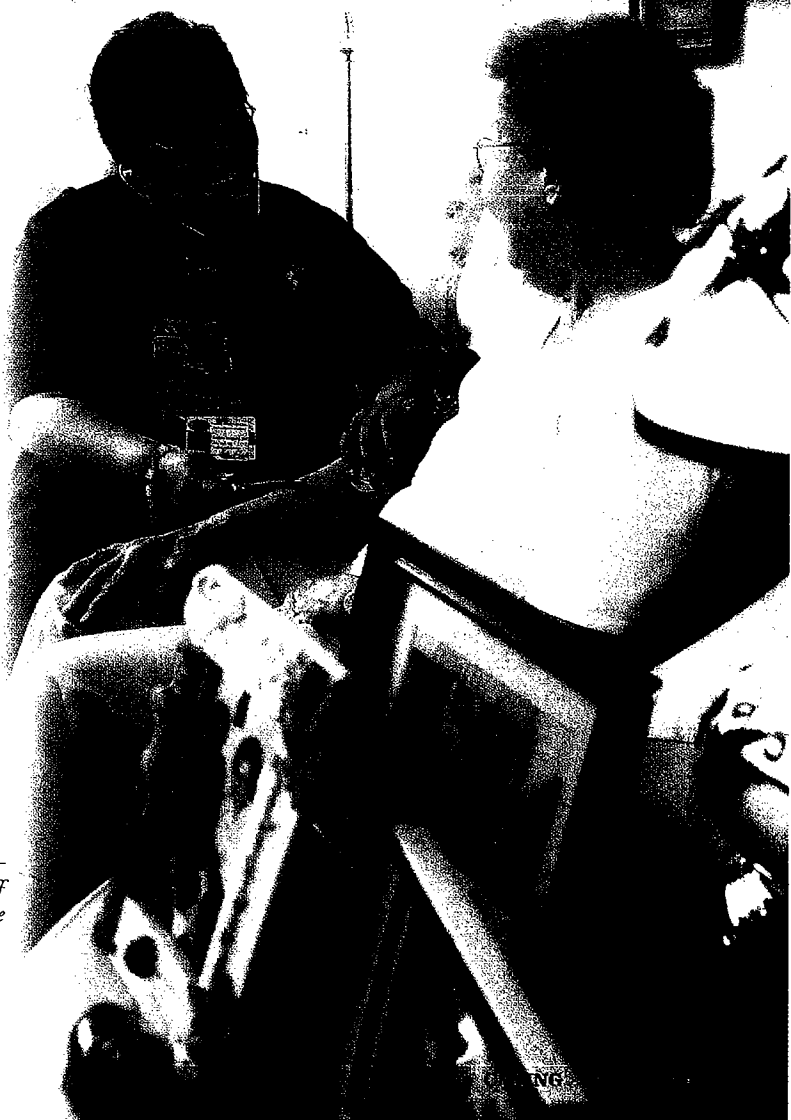
Some agencies in the Rockville area are already using "telephony" as a means of monitoring field operations to automatically track time, attendance, costs and tasks being performed by their employees. Workers simply dial a toll free number, and the system time-stamps and date-stamps each call. It recognizes the location of the call, verifying that the home care worker is indeed in the patient's home. It helps to maximize billing and revenue by eliminating the need for a paper trail.



GPS systems are now available to detect, monitor, and record the daily activities of the elderly through postage stamp, radio frequency ID tags affixed to household objects. This way, the elderly client's independence can be preserved, while still providing loved ones with an accounting of the person's day-to-day activities. Imagine having a toothbrush that can check blood sugar, measure cardiac activity, and then transmit the information back to the agency. These are but a few of the technological advances we can expect to see proliferate in homecare over the next few years. The future of tele-health in providing customer service to clients is a bright one.

Helen still works at Potomac Home Support. She has seen not only her role, but also that of the agency, grow and evolve. She is excited about the part she'll continue to play in the future. The field of health care is growing by leaps and bounds. Only those private pay agencies that "think outside the box" and provide their clients with innovative, quality care will survive. 

About the Author: *Barbara D. Greene, BS, RN, is Field Staff Supervisor, Potomac Home Support, Inc. Rockville, MD. Barbara can be reached at barbgree@hotmail.com.*



Private Duty Home Care

... Making A World of Difference
in the Lives of Clients
and Their Families

By Stephen C. Tweed, CSP



It was mid December, 1990. Almost Christmas. Normally it would have been a time of happiness and celebration. But that year, it was a time of worry, fear, and concern. My 20 year old son was coming home from college to live with Dad.

Now many of you have had that experience; kids coming home to live after graduating from college. This is a funny business. . . home care. We can't keep our staff and we can't get rid of our children. Just joking!

Our situation was a little different than most. Jason lives with a rare neuromuscular disease called "Werdnig Hoffman Syndrome." He's totally disabled and lives in a wheelchair. He needs assistance with all of the activities of daily living. During his four years of college, his attendant care was provided by a special department at Edinboro University of Pennsylvania. Now that he was coming home, we needed to work out those details for ourselves.

Enter Private Duty Home Care. Through the local office of aging and some funding from the Pennsylvania attendant care program, Jason was able to receive 40 hours of personal attendant care a week. He learned how to work closely with a private duty home care company. He learned to recruit, select, hire, fire, and reward his attendants. He learned to manage a payroll, schedule his staff, and train new people. For the next fifteen years, Jason learned to live independently and earn a living.

Today, Jason is 35 years old. He is married, owns his own home, owns his own business, and is the father of twins who are three years old. He's also the Director for Business Development at Leading Home Care. He works closely with our clients to help coordinate the details of our work to serve leaders in Private Duty Home Care. Many of you have talked with Jason when you called our toll free number to inquire about a product or service from Leading Home Care or Private Duty Today!

What a miracle! And what a success story for Private Duty Home Care. Private Duty Home Care really does make a world of difference in people's lives.

What is Private Duty Home Care?

To those of us working on the certified side of home care, the term "Private Duty Home Care" has come to mean many things. In fact, it basically includes any care provided in the home that is not covered by Medicare, Medicaid, or commercial insurance.

To get a better understanding of this, it may help to look at the history. The term "private duty" really comes from nursing. As a child growing up, my mother frequently worked as a "pri-

ate duty nurse." Although she was primarily a stay-at-home mom, she would occasionally get a call from a local family who wanted to hire her to work "private duty." She would put on her nursing uniform, white stockings, white shoes, and starched nurse's hat and work an eight hour shift in the hospital, staying in the patient's room and providing personal nursing services. When the patient was discharged from the hospital, mom would work in their home providing that same level of personal nursing care. She was paid on an hourly basis by the family.

In the early 1980's, a number of certified home health agencies saw the opportunity to provide nurses, home health aides, and homemakers to their patients who had been discharged from Medicare service. They set up a variety of private-pay services and called it "Private Duty Home Care." Then, they added Medicaid Waiver programs, other government funded programs, home chore services, and staffing services. All of these various services got lumped under a division called "Private Duty."

In the mid to late 1990s, we saw another phenomenon emerge. This is the company that provides no skilled care or hands on care. They simply provide assistance with activities of daily living for frail elderly persons. This is now known as "non-medical home care." This level of care has exploded in the marketplace and is now the fastest growing segment of home care. There are at least 18 national companies selling franchises to individuals who want to start non-medical home care companies, and we get calls every week from individuals looking for help starting their own company. Some are RNs or LPNs. Most are not.

Three Levels of Care

As we have studied the various business models of companies providing "Private Duty Home Care," we see at least three levels:

1. Skilled Care (RN, LPN)

There are Private Duty Home Care companies that offer skilled nursing care on a private pay basis. These nurses take care of children who are on ventilators or other technological support systems. They care for accident victims under auto insurance and workers compensation insurance. And they provide personal nursing services for families who want to keep their loved ones out of nursing homes. Providing skilled care requires that the RN or LPN be licensed by the state, and often the company itself is required to be licensed.

2. Personal Care (HHA, CNA, PCA)*

The second level of care is personal care. This care is provided by home health aides, certified nursing assistants, and personal care attendants. This involves hands on care of the elderly and disabled. Personal care attendants or home health aides assist their clients with toileting, bathing, dressing, feeding, and transferring. This care may be paid for by the individual or the family on a private-pay basis, or it may be covered by a government funded program such as Medicaid waiver.

*Note:**

Home Health Aide (HHA)

Certified Nursing Assistant (CNA)

Personal Care Attendant (PCA)

3. Companion Care (non-medical caregiver)

The third level of care is companion care. This service is provided to clients and their families to give peace of mind, independence, and quality of life. The clients are usually frail elderly persons who are still able to live in their own homes, but companion care is provided for safety and security. Most companion care is self-pay, and is not covered by insurance or government programs. This is the level of care we referred to earlier as "non-medical home care."

The caregivers serve as companions, sitters, and homemakers. One narrow niche of this level of service is live-in care. In some areas of the country, it is possible to find caregivers who will actually live with a client 24 hours a day, seven days a week. This provides a high level of safety, security, and companionship for the client at a cost that is much lower than nursing home care or even an assisted living facility.

This third level of care is becoming so popular because families of elderly persons recognize that this is an excellent way to help the client remain at home for a much longer period of time. And research shows that nearly all consumers would prefer to receive care in their own homes rather than in a nursing home or other facility.

It also means that the definition of "home" is shifting. We are seeing the rapid growth of CCRCs, - Continuing Care Retirement Communities. Many non-medical home care companies are developing close working relationships with CCRCs, life care communities, and assisted living facilities. They often go right into the community or facility to provide care above and beyond the care that is provided by the facility.

The Three Key Elements of a Successful Private Duty Home Care Business

Our best estimate is that there are nearly 20,000 Private Duty Home Care businesses in this country. This is nearly three times the number of Medicare certified home health agencies. (According to Basic Statistics About Home Care - 2004, NAHC, there were 7265 Medicare Certified agencies in 2003.)

In 2004, The Centers for Medicare and Medicaid Services (CMS) estimated that the total expenditure for home care services was \$36.1 billion. Of that \$6.5 billion or 18% was paid for out-of-pocket by home care clients and their families. There was another \$5.7 billion or 15.7% that was paid for by state and local government. Much of this money was spent on personal care level services to help keep clients in their own homes and out of nursing homes.

Private Duty Home Care is a much less complex business than Certified Home Health Agencies. There are three key elements of the business:

1. Business Development

The first key element of the Private Duty business is finding and keeping clients. Owners and administrators of Private Duty Home Care companies spend a significant portion of their time and energy on sales, marketing and public relations activities designed to bring in new client referrals. This is often "business to consumer" marketing (as opposed to "business to business" marketing.) That means that the sales and marketing approach taken by a Private Duty Home Care company is often very different from the more subtle processes for generating referrals from physicians and hospital discharge planners for skilled home health services.

2. Staff Development

The second key element of Private Duty Home Care is finding and keeping caregivers. Our research and experience over the past five years has shown us that the single biggest barrier to growing your Private Duty business is your ability to find enough caregivers to meet the growing demands of clients. If you can find the caregivers, you can find the clients.

3. Efficient Office Operations

The third key element is efficient office operations. The most effective Private Duty companies tend to be small, independent companies that are strategically focused on serving narrow segments of the marketplace. As we said earlier, the fastest growing segment is the non-medical segment, and this is made up of thousands of small companies operating out of the owner's home or a small rented office. Often, the staff consists of the owner, a scheduler, and an office assistant. They share all of the duties of running the office. They set up simple, highly repeatable office systems that make it easy for consumers to buy and receive services. They have computerized scheduling, accounting and billing systems. They often outsource their payroll services. The key is to keep office systems simple, easy to use, and highly repeatable.

1. Overcoming the Medicare Mind Set

There are many complex rules under Medicare that do not apply to Private Duty Home Care. Managers of certified agencies who try to run Private Duty companies often set up complex processes and procedures that make it very expensive and time consuming to do business. Clients find it cumbersome and expensive. The key to a successful Private Duty Home Care business is to KISS... Keep It Simple, Silly. (NOT Stupid... I don't know any stupid people working in home care).

2. Overcoming the Nursing Mind Set

Most Certified Home Health Agencies are run by nurses, and they think that nurses need to run the Private Duty business as well. Yet the data shows that a vast majority of Private Duty services are non-medical. The most successful Private Duty Home Care businesses we have seen are run by non-nurses who use a social model as opposed to a medical model. They don't employ nurses and they are very clear that their business is non-medical.

The nurses with whom I have discussed this tend to take offense to this position. They believe that care should be supervised by a nurse in the event that the client needs some type of medical attention. A nurse would be better prepared to recognize the need for medical attention and guide the client to the physician or hospital.

This is a valid point, yet there are hundreds of thousands of elderly folks being successfully cared for every day by non-medical caregivers. Our experience shows that injecting nursing into non-medical home care does provide a safety valve, but it also makes the business much more complex and expensive, and most consumers don't want that.

The most successful Private Duty Home Care companies are run by non-nurses. My RN Friends, please don't be offended. Nothing personal. I have huge respect for all nurses and particularly home health nurses. I'm just reporting the facts as I see them.

3. Shifting your Marketing Focus to the Consumer

Traditional home health services use "business to business" marketing. A representative of the agency calls on physicians or hospital discharge planners to seek patient referrals to the agency. Our data shows that about 75% of referrals to Certified Home Health Agencies come from physicians and hospitals. With Private Duty Home Care, just the exact opposite is true. Only about 25% come from doctors and hospitals, and 75% come from other resources in the community.

Why Private Duty Home Care and Home Health Agencies Cannot Co-Exist

Many owners, CEOs or administrators of Certified Home Health Agencies have, or are considering starting, a Private Duty division of their companies. This makes perfect sense because there are some real synergies between the two. However, there are some real challenges which make it difficult to operate a successful Private Duty business that is part of a certified agency. Here are the three biggest challenges you'll need to overcome:

Private Duty Home Care requires a consumer marketing mind set. You need to find ways to get your message to individual clients and/or their family members. Most Private Duty admissions are arranged by a family member of the client, or by a Bank Trust Officer who is responsible for the care of the individual. Although referrals from social workers, skilled nursing facilities, and family practice physicians play a role, marketing to the individual consumer is quite different than marketing to physicians and discharge planners.

Our research and experience show that the most successful and profitable Private Duty Home Care companies that are owned by a Certified Home Health Agency are set up as separate companies, and run independently. The manager of the Private Duty company has great autonomy to design and implement a business plan that is focused on the private pay client. The staff of the Private Duty company is not required to follow the cumbersome policies and procedures that are required in the certified agency. The caregivers are on a separate payroll, and pay scales and benefits are different.

Packaging and Promoting Your Private Duty Services

The key to success in promoting your Private Duty Home Care business is to be clear about what you are selling. You're not selling hours of service. You're selling peace of mind, quality of life, and independence in the home. A great way to do that is to package and promote specific services that focus on the needs of the elderly or disabled client.

Some examples of specific services that we have seen offered include:

Bath Service ... three to five times a week a home health aide comes in to help the client with bathing and dressing.

Rise 'n Shine ... an aide or companion comes to the client's home each morning to help the person get out of bed, get dressed, prepare meals for the day, and help the client get comfortable for the day.

Fluff 'N Tuck ... an aide or companion comes to the client's home at the end of the day to help get ready for bed, get tucked in, turn off lights, lock doors, and assure security over night.

Work Day Companionship... The family caregiver who also has a full time job arranges for a companion or sitter to be there to care for mom while the family caregiver goes to work.

Live-in Care ... In many areas of the country, there are individuals who are willing to work as live-in caregivers. They provide 24 hour a day, 7 day a week companionship, and have their own private living quarters within the client's home.

Holiday Cheers ... A number of Private Duty companies arrange a service where a person goes to the home of a client and spends, part of the day assisting them with holiday preparations. This might include shopping for Christmas gifts, wrapping gifts, sending Christmas cards, and decorating the home.

Alzheimers Respite Care ... The spouse or family caregiver who has been caring for an Alzheimers patient 24 - 7 for weeks on end just needs a rest from it. Many agencies offer a 24 or 48 hour respite, where they send in caregivers on three shifts to provide round the clock care so the family caregiver can have some respite time.

The list goes on and on, and is only limited by the creativity of the Private Duty Home Care team.

As you explore this business, you'll find unlimited opportunities to create innovative ways to provide peace of mind, quality of life, and independence in the homes of the elderly and disabled individuals. As my son Jason, and his family will attest, Private Duty Home Care is a much needed service, and makes a world of difference in the lives clients and their families. *SL*

About the Author: Stephen C. Tweed, CSR, is CEO of Leading Home Care ... a Tweed Jeffries company, based in Louisville, Kentucky. He's the publisher of Private Duty Today, the leading electronic newsletter for owners and administrators of Private Duty Home Care companies. He can be reached at Stephen@leadinghomecare.com. You can register for a FREE subscription to the newsletter at www.private-dutytoday.com

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